

REQUEST FOR VARIANCE FROM 326 IAC 4-1 TREE WASTE OR CLEAN WOOD WASTE

State Form 43692 (R2/11-02)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NOTE:

- This is an application for open burning approval to comply with 326 IAC 4-1. Complete and return this application to the Office of Air Quality address provided in the upper right hand side of the form or fax to 317-233-6865. In case of questions someone may be reached at 317-233-5672 or (in Indiana) 1-800-451-6027 press 0, and ask for extension 3-5672.
- You can fill out this form electronically, using your mouse and keyboard. Simply click inside of the number one (1. Name) field to begin, and advance to the next fields using the "tab" key on your keyboard, or by clicking in the field with your mouse.

Indiana Department of Environmental Management Office of Air Quality - Air Compliance Branch

100 N. Senate Avenue

P.O. Box 6015

Indianapolis, IN 46206-6015

VARIANCE ID NUMBER

Phone: (317) 233-5672 or

1-800-451-6027 (Indiana Residents Only) http://www.IN.gov/idem/air/compliance

FOR OFFICE USE ONLY

ASSIGNED TO

	keyboard, or by clicking in the field with your mouse.						
	NO	ΤE					
601 ren	Please complete the following and return to the Office of Air Quality 15, Indianapolis, Indiana 46206-6015, 60 days prior to the proposed ting property within 500 feet of the proposed burn site and of any of the Form 49635 "Identification of Potentially Affected Persons".	d bu	ırning date. A list o	of names & a	ddresses of	all parties owning or	
PART A: PERSON MAKING REQUEST							
1.	Name:	2.	Organization Nar	me:			
3.	Address:						
4.	City:	5.	State:		6. Zip:		
7.	Daytime Telephone: () -	8.	Fax Number: ()	-		
	PART B: PERSON, CONTRACTOR, OF				BURN		
9.	Name:	10	. Organization Nar	me:			
11.	Address:						
12.	City:	13	. State:		14. Zip:		
15.	Daytime Telephone: () -	16	. Fax Number: ()	-		
	PART C: PROJE	CT	LOCATION				
17.	Site Name and Address (Street or 911 address or directions from known	vn ro	oads, streets, and inte	ersection and	which side of	road/intersection):	
18.	City:	19	. County:				
20.	Fire Department having Jurisdiction (include address)						
21.	. Is burn site located in an unincorporated area? ☐ YES ☐ NO						
22.	. Did material originate on property located in an unincorporated area? ☐ YES ☐ NO						
23.	Are you requesting permission to burn on property where waste was derived? YES NO						
24.	Is the burn site within 100 feet of a structure? ☐ YES ☐ NO	25	5. 100 feet of a pow	ver line?	YES NC)	
26.	300 feet of a frequently traveled road? ☐ YES ☐ NO						
27.	300 feet of a fuel storage area or pipeline? ☐ YES ☐ NO						
	PART D: MATERIA	LΤ	O BE BURNED				
28.	Specify the type of material to be burned (check all that apply): Tree Waste (Vegetation) Collapsed Structure Other (Specify):		Structure		Standing Stru	ucture	
	(Continued	on r	nage 2)				

¹Available from the IDEM Office of Air Quality or in the Internet at http://www.in.gov/icpr/webfile/formsdiv/49635.pdf

Other (Specify):	Church Garage Commercial House Trailer						
	her Building Development Property Maintenance m River, Stream, or Creek						
31. If material to be burned is in a pile, how many piles are there?							
32. Each pile is approximately: feet long feet v	vide feet high (or) feet diameter feet high						
PVC pipe Carpet Furn	red wood						
PART E: PURPOSE FOR BURNING							
34. Please check the purpose of burning: ☐ Recreational	☐ Disposal						
PART F: PROJECTED BURNING INFORMATION							
35. Projected burning date(s):	36. Total hours of burning time:						
PART G: ALTERNATE METHODS OF DISPOSAL							
37. Approximate cost of disposal: Open burning \$ Chipping \$ Air curtain destructor \$ Other (Specify)	Hauling to an approved landfill \$						
38. Reasons, other than costs, why alternative methods of disposal are undesirable:							
PART H: SIGNATURE							
I hereby certify that the information above is accurate to the best of my knowledge.							
Signature	Date: (mm/dd/year)						
Type or Print Name	Title						